pplication or Docket Number

09/833085

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

CLAIMS AS FILED - PART I (Column 1)					(Colui	mn 2)		SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			34				Г	RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		В	ASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			34 minus 20=		. 14			X\$ 9=		OR	X\$18=	252
INDEPENDENT CLAIMS			5 minus 3 =		2			X40=		OR	X80=	160
MULTIPLE DEPENDENT CLAIM PRESENT								+135=		OR	+270=	0
* If the difference in column 1 is less than zero, enter					r "0" in c	olumn 2	-	TOTAL		OR	TOTAL	1122
CLAIMS AS AMENDED - PART II									AITITY	.	OTHER SMALL	
_		(Column 1) CLAIMS		(Colui		(Column 3)	•	SMALL E		OR	SWALL	
AMENDMENT A		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	T CL AINA	=		X40=		OR	X80=	
	FIRST PRESE	NTATION OF MU	DLTIPLE DEF	ENDEN	·		Γ	+135=		OR	+270=	•
								TOTAL		OR	TOTAL	
		(Oaluma 4)	4	/Calu	O	(Column 2)	AL	DDIT. FEE			ADDIT. FEE	-
_		(Column 1) CLAIMS			mn 2)	(Column 3)			4 D D I	1		ADDI
AMENDMENT B		REMAINING AFTER AMENDMENT		PREVI	MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent		Minus	***	- 01 4114	=		X40=		OR	X80=	
<u></u>	FIRST PRESE	NTATION OF M	JUITPLE DEF	ENDEN	I CLAIM		'	+135=		OR	+270=	
						· · ·	A.	TOTAL ODIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu	mn 2)	(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUN PREV	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=	-
	Independent	•	Minus	***		=	-	X40=			X80=	<u> </u>
ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR		
			ha askerte e 4	6	to NOT in an	aluma 3		+135=		OR	+270=	
••	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."											